

Ms. Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

**RE: APPLICATION FOR PUBLIC CROSSING
RACE STREET (S.R. 1004)
NORFOLK SOUTHERN CORPORATION
BOROUGH OF CATASAUQUA
COUNTY OF LEHIGH**

Dear Secretary Chiavetta,

In accordance with Public Utility Code, Title 66, Chapter 2702, enclosed please find an application requesting permission to alter crossing of **Norfolk Southern Corporation**. Said crossing will be within the public right of way confines of Race Street. It is located in the Borough of Catasauqua, Lehigh County.

Said crossing will consist of installation of PPL's overhead facilities as they cross the tracks of Norfolk Southern Corporation tracks and right of way. The overhead cables and conductors will be located within Public Right of Way, whereas the edge of conduit will be 3' 7" from the Public Right of Way of Race Street. Overhead conductors will reside within the common Right of Way of – Race Street [Public R/W] and Norfolk Southern [RR R/W]. Additionally, existing pole 63280s48703 will be removed and relocated to 3' from its present location and reside within the Public R/W of Race Street.

PPL Electric Utilities will provide copies of same to all parties listed under its Certificate of Service.

Please review and provide the appropriate authorization to this office.

Should you have any questions please contact this office.

Sincerely,



Ron Borger
Right of Way Agent

Enclosures

cc: Rodney D. Binder, P.E.
Chief-Bureau of Rail Safety
PA Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

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**BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

In re: Application of **PPL Electric Utilities Corporation** for approval of the alteration of the crossing **361660G** by the installation of **12.4 Kv overhead conductors** where **Race Street** crosses at grade the tracks of the **Norfolk Southern Corporation** in the **Borough of Catasauqua** in **Lehigh County**.

Application
Docket No

To Pennsylvania Public Utility Commission:

1. The name and address of applicant are PPL Electric Utilities Corporation, 2 North Ninth Street, Allentown, PA 18101-1179.
2. The name and address of applicant's attorney are Mallory Sweeney, Associate General Counsel, PPL Electric Utilities Corporation, 2 North Ninth Street, Allentown, PA 18101-1179.
3. PPL Electric Utilities Corporation (PPL), a Pennsylvania Public Utility offers electric utility service. PPL maintains a corporate charter in Pennsylvania, wherein the by-laws permit public utility companies to occupy public spaces, including said crossing.
4. PPL proposes to install and cross **Race Street** with 3 -477 XLP Aluminum, 12.4 Kv open wire, 1 4/0 ASCR Neutral. See attached plan for specifications.
5. Affected parties: (See attached exhibit "A")
6. **Race Street** is a two-lane bituminous asphalt roadway. Scope of proposed work is relatively minor in scope and construction time frame will be short in duration, a formal traffic study was not conducted. Appropriate traffic control will be employed in accordance with PennDOT highway requirements. Operating Railroad will be contacted to arrange for appropriate flagging/protection services.
7. The construction costs associated with this proposal would be approximately \$5,000.00.
8. The construction of said crossing, of the tracks of the **Norfolk Southern Corporation**, is necessary to install PPL Electric Utilities Corporation's overhead electrical system.

Wherefore, applicant prays your Honorable Commission to approve the application:

Joseph George
Right of Way Supervisor
PPL Electric Utilities Corporation

§ 1.36. Verification.

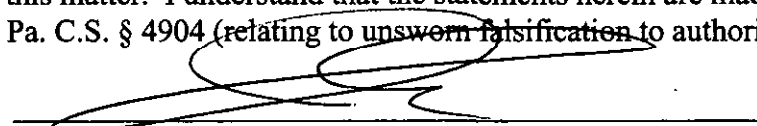
(a) Applications, petitions, formal complaints, motions and answers thereto containing an averment of fact not appearing of record in the action or containing a denial of fact shall be personally verified by a party thereto or by an authorized officer of the party if a corporation or association. Verification means a signed written statement of fact supported by oath or affirmation or made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities). If verification is required, notarization is not necessary.

(b) The Verification form should comply substantially with the following:

VERIFICATION

I, **Joseph George**, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Date: 1/6/2020


(Signature)

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Location of
Proposed Public
Crossing

361660G

322



EXHIBIT "A"

The public utilities, municipalities, counties, corporations, and property owners concerned in, or affected by, the proposed crossing alterations are:

Mr. Mark Chappell, Chief
ROW and Utility Division PennDOT Bureau of Design
PO Box 3362
Harrisburg, PA 17105-3362

Ms. Gina M D'Alfonso
Assistant Counsel in Charge
Department of Transportation
Office of Chief Counsel
9th Floor
P.O. Box 8212
Harrisburg, PA 17105 -8212

Mr. Rodney Rehnert
Grade Crossing Technician
PaDOT, District 5-0
1002 Hamilton Street
Allentown, PA 18101

AECOM
1700 Market Street
Suite 1600
Philadelphia, PA 19103

Attn: NS Pipe/Wire Administrator

Mr. Jeffrey Machose, Director
Public Works Department
Borough of Catasauqua
90 Bridge Street
Catasauqua, PA 18032

Mr. Vincent Smith, Council President
Borough of Catasauqua
90 Bridge Street
Catasauqua, PA 18032

Ms. Amy L. Zanelli, Chairman
Lehigh County Commissioners
17 South Seventh Street
Allentown, PA 18101

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Mr. Joseph George
Right of Way Supervisor
PPL Electric Utilities
827 Hausman Road
Allentown, Pa. 18104

Mr. Ron Borger
Right of Way Agent
PPL Electric Utilities
1047 N. Plymouth Street
Allentown, Pa. 18109



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/24/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA Inc. 1717 Arch Street Philadelphia, PA 19103 Attn: PHILADELPHIA.CERTS@MARSH.COM / 212-948-0360 FAX CN102740303-AWU-CAS-19-20	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Old Republic Insurance Company		24147
INSURER B : Associated Electric & Gas Ins Svcs Ltd		3190004
INSURER C : _____		
INSURER D : _____		
INSURER E : _____		
INSURER F : _____		

COVERAGES **CERTIFICATE NUMBER:** CLE-006029175-40 **REVISION NUMBER:** 12

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION (INSR WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____		Covered Under Excess Below			EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMPROP AGG \$ _____ _____ \$ _____
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		MWTB31438819	12/31/2019	12/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 4,000,000		XL505440SP Includes General Liability, Auto Liability and Employers Liability	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 _____ \$ _____
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	MWC31438719	12/31/2019	12/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
EVIDENCE OF INSURANCE FOR PPL CORPORATION, PPL ELECTRIC UTILITIES CORPORATION, LOUISVILLE GAS AND ELECTRIC, KENTUCKY UTILITIES AND PPL INFRASTRUCTURE SERVICES, LLC.

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED (EXCLUDING WORKERS' COMPENSATION) WHERE REQUIRED BY WRITTEN CONTRACT, AS RESPECTS ANY AND ALL CONSTRUCTION AND INSTALLATION WORK IN AND AROUND LIVE RAILROAD OPERATIONS. CONTRACTUAL LIABILITY INSURANCE IS OF A FORM THAT DOES NOT DENY COVERAGE WITHIN 50 FEET OF ANY RAILROAD HAZARD.

CERTIFICATE HOLDER NORFOLK SOUTHERN CORPORATION AND ITS SUBSIDIARIES ATTN: SCOTT W. DICKERSON MGR- RISK MANAGEMENT THREE COMMERCIAL PLACE NORFOLK, VA 23510	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk * denotes an optional field.

A. Revision Date (MM/DD/YYYY) 12 / 02 / 2019	B. Reporting Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	C. Reason for Update (Select only one) <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 361660G
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Part I: Location and Classification Information

1. Primary Operating Railroad Norfolk Southern Railway Company [NS]		2. State PENNSYLVANIA		3. County LEHIGH	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near CATASAUQUA		5. Street/Road Name & Block Number RACE STREET (Street/Road Name) * (Block Number)		6. Highway Type & No. LR	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None HARRISBURG		10. Railroad Subdivision or District <input type="checkbox"/> None LEHIGH LINE L&S		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost LB 0091.960 (prefix) (nnnn.nnn) (suffix)					
13. Line Segment *		14. Nearest RR Timetable Station * CATASAUQUA		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A	
16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A					
17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Type of Train <input checked="" type="checkbox"/> Freight <input type="checkbox"/> Transit <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Commuter <input type="checkbox"/> Tourist/Other	
22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0					
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excluded Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnn) 40.6480068		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnn) -75.4692197	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated					
30.A. Railroad Use *			31.A. State Use * SR 1004 SEGMENT 0020		
30.B. Railroad Use *			31.B. State Use * NS		
30.C. Railroad Use *			31.C. State Use *		
30.D. Railroad Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-946-4744		34. Railroad Contact (Telephone No.) 800-946-4744		35. State Contact (Telephone No.) 717-772-3079	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 5	1.B. Total Night Thru Trains (6 PM to 6 AM) 6	1.C. Total Switching Trains 0	1.D. Total Transit Trains 0	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/> How many trains per week?
2. Year of Train Count Data (YYYY) 2017		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 30 3.B. Typical Speed Range Over Crossing (mph) From 20 to 30		
4. Type and Count of Tracks Main 1 Siding 0 Yard 0 Transit 0 Industry 0				
5. Train Detection (Main Track only) <input checked="" type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.A. Event Recorder <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 12/02/2019	PAGE 2	D. Crossing Inventory Number (7 char.) 361660G
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Part III: Highway or Pathway Traffic Control Device Information

1. Are there Signs or Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Types of Passive Traffic Control Devices associated with the Crossing				
	2.A. Crossbuck Assemblies (count) 0	2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None	
				<input checked="" type="checkbox"/> W10-1 _____ <input type="checkbox"/> W10-3 _____ <input type="checkbox"/> W10-11 _____	<input type="checkbox"/> W10-2 _____ <input type="checkbox"/> W10-4 _____ <input type="checkbox"/> W10-12 _____
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input checked="" type="checkbox"/> No	2.F. Pavement Markings <input checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.I. ENS Sign (I-13) Displayed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count 0 Specify Type _____ Count 0 Specify Type _____ Count _____			2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)	
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 2 Pedestrian 0	3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 2 <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input checked="" type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs 5
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) _____/_____/_____ <input type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/_____ <input checked="" type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.I. Bells (count) 1
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input checked="" type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Storage Distance * 0 Stop Line Distance * 0	6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes 2 <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/_____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input checked="" type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____			
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) 75		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°	
8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part V: Public Highway Information

1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input type="checkbox"/> (08) Non-Federal Aid	2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input checked="" type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local	3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit 25 MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 2017 AADT 12825		8. Estimated Percent Trucks 3 %	
9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day _____		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No	

Submission Information - This information is used for administrative purposes and is not available on the public website.

Submitted by _____ Organization _____ Phone _____ Date _____

Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.

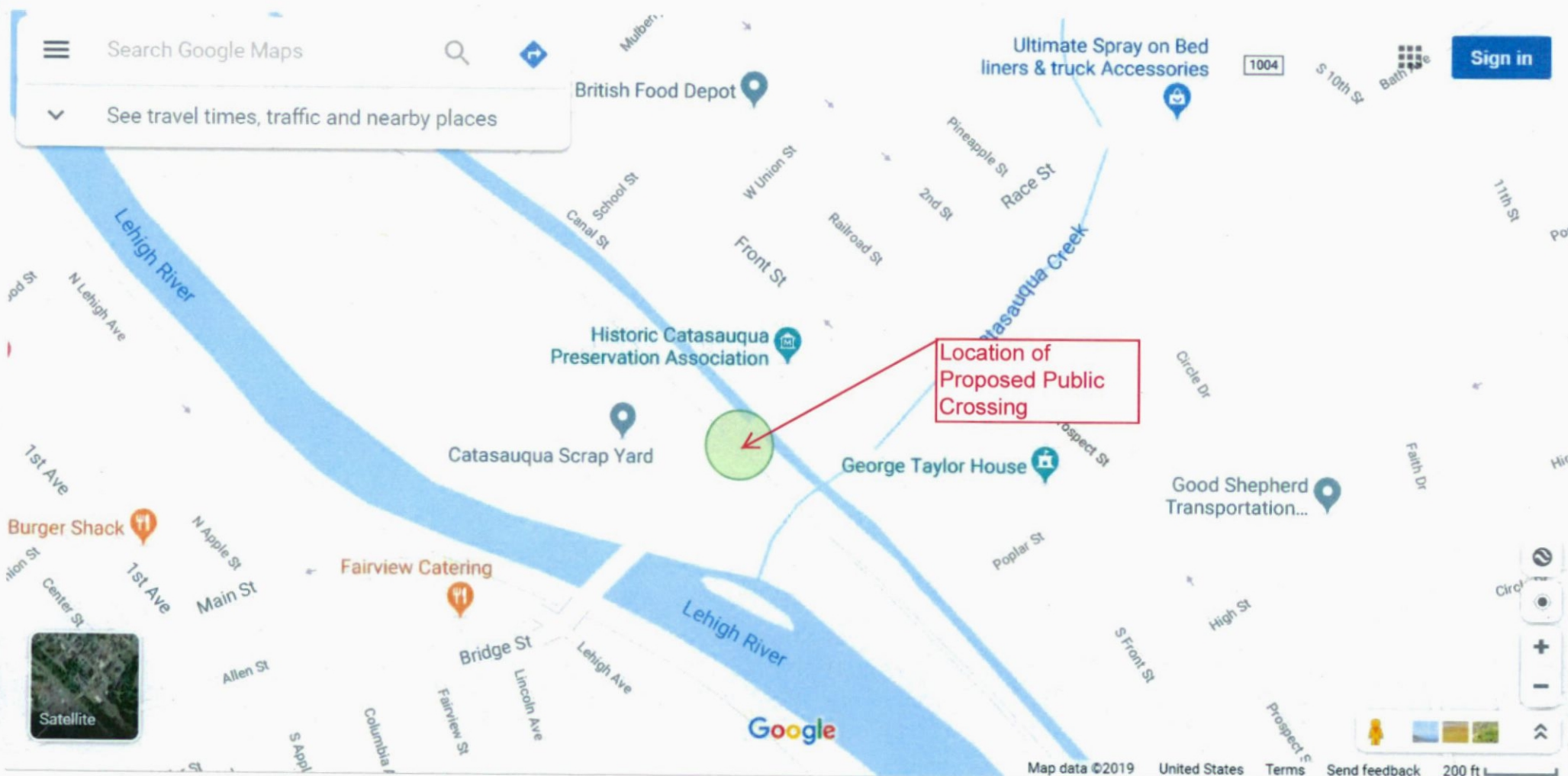


Search Google Maps



See travel times, traffic and nearby places

Sign in



Location of Proposed Public Crossing

Burger Shack

Fairview Catering

Historic Catasauqua Preservation Association

British Food Depot

Ultimate Spray on Bed liners & truck Accessories

Good Shepherd Transportation...

George Taylor House

Catasauqua Scrap Yard

Google

Satellite

CERTIFICATE OF SERVICE

I, Joseph George, Right of Way Supervisor of PPL Electric Utilities Corporation hereby certify that I have this day served a true copy of the foregoing document upon the participants, listed below, in accordance with the requirements of § 1.54

Mr. Mark Chappell, Chief
ROW and Utility Division PennDOT Bureau of Design
PO Box 3362
Harrisburg, PA 17105-3362

Ms. Gina M. D'Alfonso
Assistant Counsel in Charge
Department of Transportation
Office of Chief Counsel
9th Floor
P.O. Box 8212
Harrisburg, PA 17105 -8212

Mr. Rodney Rehnert
Grade Crossing Technician
PaDOT, District 5-0
1002 Hamilton Street
Allentown, PA 18101

AECOM
1700 Market Street
Suite 1600
Philadelphia, PA 19103

Attn: NS Pipe/Wire Administrator

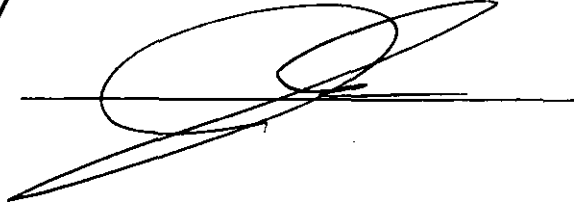
Mr. Rodney Bender, PE
Public Utility Commission
Rail Safety Division
P.O. Box 3265
Harrisburg, PA 17105

Mr. Jeffrey Machose, Director
Public Works Department
Borough of Catasauqua
90 Bridge Street
Catasauqua, PA 18032

Mr. Vincent Smith, Council President
Borough of Catasauqua
90 Bridge Street
Catasauqua, PA 18032

Ms. Amy L. Zanelli, Chairman
Lehigh County Commissioners
17 South Seventh Street
Allentown, PA 18101

Dated this 6 day of January, 2020.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, positioned above a solid horizontal line.

RECEIVED
2020 JAN -9 AM10:25
PA PUC
SECRETARY'S BUREAU

PPL
2 North Ninth Street
Allentown, PA 18101-1179



FIRST CLASS MAIL

Ms. Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, Pa. 17105-3265